

به نام خداوند جان و خرد



NURSING CARE

in

GERIATRIC SURGERY

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Natural, progressive & irreversible
alterations in aged people
result in

significant physiological & psychological
impacts in old aged population
that needs

specific approach in geriatric surgery.

Surgical interventions
has provided many older people
not only with
more years to their lives
but also with
more functional years.

*Age-related changes
are not disease or its complication ,
so should be considered
different from disorders.*

OLD PATIENTS
NEEDS MORE ATTENTION

BECAUSE OF
LIMITED COMPENSATION ABILITY

DUE TO
LIMITED PHYSIOLOGICAL RESERVES.

Old-aged people are more vulnerable to postoperative complications because of:

- **Lower cardiovascular reserve**
- **Lower Respiratory reserve**
- **poor nutrition**
- **Comorbidities(DM, Renal & Cardiovascular diseases,...)**
- **Jaw & Teeth alterations**
- **Osteopenia & Osteoporosis**
- **Smoking**
- **Obesity**
- **Lower hypodermal connective tissue so lower turgor**



ADVOCACY

Perioperative Care

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Perioperative potential Nursing Diagnoses

- *Fear & Anxiety*
- *Pain*
- *Potential for low Cardiac output*
- *Potential for fluid & electrolyte imbalance*
- *Potential for infection*
- *potential for injury*
- *Impaired physical activity*
- *Activity intolerance*
- *Constipation*
- *impaired gas exchange*
- *Oral mucosal damage*
- *Skin integrity impairment*
- *Sleep pattern disturbance*
- *Impaired body image*
- *Self care deficit*
- *Knowledge deficit*

Preoperative Nursing Care

Patient assessment:

- 1. Physiological(cardiovascular , respiratory, GU, GI, CNS & PNS, skin,...)*
- 1. Psychological & cognitive status: mentality and view to ageing, health & disease, motivation, memory& concentration ability, anxiety level, isolation & mood alteration, feelings & fears,...*
- 2. Functional status(level of independence , activity pattern, gait , self care capability, financial support,....)*
- 3. Individual characteristics(family support , language, auditory or visual deficit , use of assistive devices, home condition,...)*

Preoperative Nursing Care

- ❖ **Preoperative preparations**
(skin , premedication , NPO,...)
- ❖ **Anesthesia (kind,duration,recovery situation,...)**
- ❖ **Surgical procedure(simplicity)**
- ❖ **Anticipated pain and pain relief measures**
- ❖ **Respiratory exercises(deep breathing&splinting, incentive spirometry,...)**
- ❖ **Special exercises related to surgery**
- ❖ **Positioning**
- ❖ **Postoperative OOB & ambulation**
- ❖ **Catheters & drainage systems**
- ❖ **Postoperative nutrition**


Intraoperative Care

- ❑ *POSITIONING (Joints stiffness, bony prominences, prone to nerve damages, pressure sore,..): proper position, padding,...*
- ❑ *HYPOTHERMIA (thinned skin, and poor thermoregulation): hypothermic environmental factors, warming respiratory gases, fluids, ..., blanket, cover pt. head,*
- ❑ *THROMBOEMBOLISM: prophylaxis, assistive devices ,...*
- ❑ *RISK of unexpected alteration (reaction to Anesthetic drugs, fluid & electrolyte imbalance,..): permanent minute monitoring*

Postoperative Care

Baseline data monitoring & documentation:

- LOC (agitation, prone to transient mental dysfunction)
- Hemodynamic condition (HR, BP, Capillary refilling, extremities temperature, ...)
- Respiratory pattern
- Chest movement & sounds (symmetry)
- Body temperature (prevention of hypo/hyperthermia)
- Fluid balance (UO, IV fluids, prevention of hypo/hypervolemia)
- Surgical site (dressing, discharge, drain's function, ...)



***Postoperative restlessness
Indicates hypoxia not pain,
Inappropriate narcotic analgesia
could further deplete
body's oxygen supply***

A relationship with God

*Without prayer is as impossible as
A poem without words or music without notes,
So*

*Let's go into our rooms, close the doors and
Pray to our God, who is unseen.*

*Then,
Our God who sees what is done in secret,
Will reward us.
Amen*



*Thanks for
your attention*